



**Project HOPE  
Foundation**

A Lifespan of  
Autism Services

[www.projecthopesc.org](http://www.projecthopesc.org)

**Main Contact**

2131 Woodruff Rd.  
Suite 2100-358  
Greenville, SC 29607  
Phone: 864.676.0028

**Campus Locations**

Greenville  
400 Spring Forest Rd.  
Greenville, SC 29615

2801 Pelham Rd.  
Greenville, SC 29615

Greenwood  
133 Merrywood Dr.  
Greenwood, SC 29646

Landrum  
424 N. Hwy. 101  
Landrum, SC 29356

Pendleton  
351 S. Broad St.  
Pendleton, SC 29670

Spartanburg  
200 Elford Ct.  
Spartanburg, SC 29306

Woodruff  
751 E. Georgia St.  
Woodruff, SC 29388

Life Skills House  
51 Cavins Rd.  
Woodruff, SC 29388

December 3, 2021

Public Service Commission

Clerk's Office

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Dear PSC,

Project Hope Foundation has sent in application for Non-Emergency Class C Docket No. 2021-303-T. In the process of having Office of Regulatory Staff come to inspect our buses, we were informed that we would need an application for Class C Charter Bus also. Application for Class C Charter Bus was faxed to your office today at 3:20pm. I apologize for the misunderstanding on our part and would like to ask if the Class C Charter Bus application could be expedited through. We would like to be able to move forward with having all our buses certified.

Thank you for your attention to our request.

Sincerely,

Lisa J. Hill

Facilities Coordinator

Project Hope Foundation

[Lisahill@projecthopesc.org](mailto:Lisahill@projecthopesc.org)

864-501-0393

**RECEIVED**

DEC 07 2021

PSC SC  
MAIL / DMS

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class C Charter Bus Certificate  
from Leah Pinckney dba Project HOPE  
Foundation, Inc

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET****DOCKET**

**NUMBER:** \_\_\_\_ - \_\_\_\_ - **T** \_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** Leah Pinckney

**Telephone:** 864-476-7400

**Address:** 424 N Hwy 101

**Fax:** 864-476-0033

Landrum, SC 29356

**Other:**

**Email:** leahpinckney@projecthopesc.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application – Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE**

Date: 12.3.2021

**CLASS C - CHARTER BUS**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Project HOPE Foundation, Inc  
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

424 N Hwy 101, Landrum, SC 29356

Street Address of Applicant

2131 Woodruff Road Suite 2100-358, Greenville, SC 29607

Mailing Address of Applicant (if different from street address)

864-476-7400

Phone

864-476-0033

Fax

leahpinckney@projecthopesc.org

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Lisa Lane - Executive Director - 2131 Woodruff Road Suite 2100-358, Greenville, SC 29607

Susan Sachs - Executive Director - 2131 Woodruff Road Suite 2100-358, Greenville, SC 29607

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Project HOPE Foundation

Name of Applicant

2131 Woodruff Rd. Suite 2100-358, Greenville, SC 29607

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 31,476.00

Limits 2,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Selective Insurance Company of America

Name of Insurance Company

314 South Pine Street, Building 300, Spartanburg, SC 29302

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Project HOPE Foundation, Inc

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

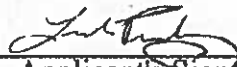
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

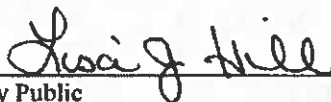
Operations Manager

Title of Applicant (e.g. President, Owner, etc.)

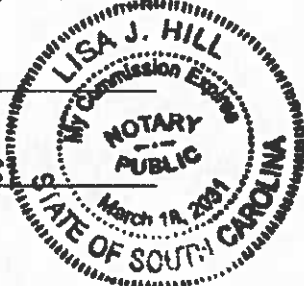
STATE OF SOUTH CAROLINA )  
COUNTY OF Union )

SWORN TO BEFORE ME

This 3<sup>rd</sup> day of December, 20 21

  
Notary Public

Commission Expires 3/18/31





PROJECT HOPE FOUNDATION, INC.  
2131 Woodruff Rd., #2100-358  
Greenville, SC 29607



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
JIM MILES  
NONPROFIT CORPORATION  
ARTICLES OF INCORPORATION

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

APR 21 1997

*Jim Miles*  
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the nonprofit corporation is Project Hope Foundation, Inc.
2. The initial registered office of the nonprofit corporation is 115 McEdco Street  

<u>Woodruff</u>	<u>Spartanburg</u>	<u>SC</u>	<u>Street &amp; Number,</u>
			<u>29388</u>
City,	County,	State,	Zip Code

The name of the registered agent of the nonprofit corporation at that office is Lisa H. Lane
3. Check (a), (b), or (c) whichever is applicable. Check only one box.
  - a. ☒ The nonprofit corporation is a public benefit corporation.
  - b. ☐ The nonprofit corporation is a religious corporation.
  - c. ☐ The nonprofit corporation is a mutual benefit corporation.
4. Check (a) or (b), whichever is applicable:
  - a. ☐ This corporation will have members.
  - b. ☒ This corporation will not have members.
5. The address of the principal office of the nonprofit corporation is 115 McEdco Street  

<u>Woodruff</u>	<u>Spartanburg</u>	<u>SC</u>	<u>Street &amp; Address,</u>
			<u>29388</u>
City,	County,	State,	Zip Code
6. If this nonprofit corporation is either a public benefit or religious corporation (box a. or b. of § 3. is checked), complete either (a) or (b), whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation.
  - a. ☒ Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the court of common pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.
  - b. ☐ Upon dissolution of the corporation, consistent with law, the remaining assets of the corporation shall be distributed to: \_\_\_\_\_
7. If the corporation is a mutual benefit corporation (box "c" of § 3. is checked), complete either (a) or (b), whichever is applicable, to describe how the [remaining] assets of the corporation will be distributed upon dissolution of the corporation.



**PROJECT HOPE FOUNDATION, INC.**  
 2131 Woodruff Rd., #2100-368  
 Greenville, SC 29607

9. The name and address (with zip code) of each incorporator is as follows (only one is required):

Name	Address (with zip code)
Lisa H. Lane	115 McEdco Street, Woodruff, SC 29388

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles:

(only if named in articles) \_\_\_\_\_ Signature of director

(only if named in articles) \_\_\_\_\_ Signature of director

(only if named in articles) \_\_\_\_\_ Signature of director

11. Each incorporator must sign the articles.

Signature of incorporator Lisa H. Lane

Signature of incorporator \_\_\_\_\_

Signature of incorporator \_\_\_\_\_

### FILING INSTRUCTIONS

- Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- If space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.
- This form must be accompanied by the filing fee of \$25.00 payable to the Secretary of State.

Form Approved by South Carolina  
 Secretary of State Jim Miles  
 June 1994

PROJECT HOPE FOUNDATION, INC.  
2131 Woodruff Rd., #2100-358  
Greenville, SC 29607

EXHIBIT A  
TO  
ARTICLES OF INCORPORATION  
OF  
PROJECT HOPE FOUNDATION, INC.

Item No. 8. Optional Provisions:

- A. Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- B. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth hereinabove. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation to which contributions are deductible under section 170(c)(2) of the Internal Revenue Code or the corresponding section of any future federal tax code.



PROJECT HOPE FOUNDATION, INC.

# *The State of South Carolina*



## *Office of Secretary of State Jim Miles* **Certificate of Incorporation, Nonprofit Corporation**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

### ***PROJECT HOPE FOUNDATION, INC.,***

a nonprofit corporation duly organized under the laws of the state of South Carolina on April 21st, 1997, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed a Declaration and Petition for Incorporation of a nonprofit corporation for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose.

Now, therefore, I Jim Miles, Secretary of State, by virtue of the authority in me vested, by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto, do hereby declare the organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by Chapter 31, Title 33, Code of 1976 and Acts amendatory thereto.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of April, 1997.

A handwritten signature of Jim Miles in cursive script, written over a horizontal line.

Jim Miles, Secretary of State



State of South Carolina  
Office of the Secretary of State  
The Honorable Mark Hammond

11/10/2020

Project Hope Foundation, Inc.  
Ms. Susan B Sachs  
PMB 358, Ste. 21002131 Woodruff Road  
Greenville, SC29607-5994

RE: Registration Confirmation

Charity Public ID: P7375

Dear Ms. Susan B Sachs :

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore, your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on 11/15/2021.

If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4½ months after the close of your fiscal year.

- Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ or the Secretary of State's Annual Financial Report Form.
- If you wish to extend the filing of that form with us, please submit a written request by email or fax to our office using the contact information below. Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.00.

If you have any questions or concerns, please visit our website at [www.sos.sc.gov](http://www.sos.sc.gov) or contact our office using the contact information below.

Sincerely,

Kimberly S. Wickersham  
Director, Division of Public Charities



PROJHOP-01

LJWEST

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/31/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> George Johnson Insurance 314 South Pine Street, Bldg 300 Spartanburg, SC 29302	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): (864) 585-2256 <b>FAX</b> (A/C, No): (864) 327-1867 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Project HOPE Foundation, Inc. PMB 358 2131 Woodruff Rd Suite 2100 Greenville, SC 29607	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Selective Insurance Company of America</td><td>12572</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance Company of America	12572	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		S 2191182	9/22/2020	9/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Professional \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		S 2191182	9/22/2020	9/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		S 2191182	9/22/2020	9/22/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers		MY1010832	10/19/2020	10/19/2021	Directors & Officers 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

For Info Only

ACORD 25 (2016/03)

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ACCEPTED FOR PROCESSING - 2021 December 6 2:33 PM - SCPS - 2021-370-T - Page 13 of 13